

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

RECEIVED CITY CLERK CITY OF LODI	Date Stamp	CALIFORNIA FORM 460
	Page <u>1</u> of <u>7</u>	
	For Official Use Only	

from <u>July 1, 2006</u>	(Month; Day, Year)
through <u>December 31, 2006</u>	

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|--|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

John Beckman - Committee to Elect

STREET ADDRESS (NO P.O. BOX)

1536 Burgundy Dr.

CITY	STATE	ZIP CODE	AREA CODE	PHONE
Lodi	CA	95242	209	327-5363

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE	PHONE
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OPTIONAL FAX / E-MAIL ADDRESS

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE	PHONE
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE	PHONE
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OPTIONAL FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____
Date

Executed on January 31, 2007
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

By John Beckman
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type & print in ink.

COVER PAGE • PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

John Beckman

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

not included in this Statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

from July 1, 2006
through December 31, 2006

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN Beckman

I.D. NUMBER

1244696

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions	Schedule A, line 3	\$ 610.96	\$ 7485.96
2. Loans Received	Schedule B, line 3		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$	\$
4. Nonmonetary Contributions	Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 610.96	\$ 7485.96

Expenditures Made

6. Payments Made	Schedule E, line 4	\$ 3658.53	\$ 17909.65
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 3658.53	\$ 17909.65
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 3658.83	\$ 17909.65

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 5264.03
13. Cash Receipts	Column A, Line 3 above	610.96
14. Miscellaneous Increases to Cash	Schedule I, Line 4	
15. Cash Payments	Column A, Line 8 above	3658.83
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2216.16 1605.50

if this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ |

Cash Equivalents and Outstanding Debts

Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections

111 through 6/30 711 to Date

20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditure Limit Summary for State
Candidates22. Cumulative Expenditure Made'
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yyyy) Total to Date

/ /	\$
/ /	\$

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if

'Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from July 1, 2006
through December 31, 2006

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN Beckman

ID NUMBER

1244696

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE •	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-10	San Joaquin Registrar of Voters 212 San Joaquin Street Stockton, CA 95202	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$610.96		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTALS					<i>610.96</i>	

Schedule A Summary

1 Amount received this period - itemized monetary contributions

() - codes
IND - Individual

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from July 1, 2006
through December 31, 2006

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

ISS. NUMBER

1244696

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Office Max 3939 E. Hammer Lane Stockton, CA 95212	Lit	Materials for informational mailings	150.08
US Postal Service 120 S. School St. Lodi, CA 95240	Pos	Postage for informational mailings	199.64
San Joaquin Registrar of Voters 212 San Joaquin Stockton, CA 95202	Pol	Data for registered voters	135.00
City of Lodi 221 W. Pine St Lodi, CA 95240	Mtg	Rental of Hutchins Street Square for informational meeting	\$350.00
Lodi Rotary P.O. Box 821 Lodi, CA 95241	Cvc	Donation to Lodi Rotary	\$100

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Touch of Mesquite 440 E. Kettleman Lane Lodi, CA 95240		Mtg		Catered food for informational meeting at Hutchins Street Square	299.54
		Mtg		Supplies for informational meeting at Hutchins Street Square	58.85
Mike Cunningham 162 Carlyle Sacramento, CA 95823		Sal		Work performed for informational meeting at Hutchins Street Square	135.00
Shi Ra Soni 1420 W. Kettleman Lane Lodi, CA 95242				Police Officers Association Thank u Dinner	199.52
Red Cross of America 747 N. Pershing Ave Stockton, CA 95203		Cvc		Contribution to Red Cross	299.34
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.					SUBTOTAL \$ 1,192.25

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTERED, NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
WOW Science Museum P.O. Box 1761 Woodbridge, CA 95385	Cvc		Donation	\$250
Old Arch Brewing Company 115 S. School St. Lodi, CA 95240			Campaign worker thank you dinner	\$206

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 456.00